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MRSA Laboratory Results Now Reportable

Jean Svendsen, RN
ISDH Chief Nurse Consultant

Beginning January 1, 2008, all laboratories in Indiana are required to submit laboratory reports indicating evidence of **skin or invasive infections** due to methicillin-resistant *Staphylococcus aureus* (MRSA) to the Indiana State Department of Health (ISDH). Data provided on the report should include: patient name, date of birth or age, sex, county of patient's residence (preferably) or county of health care provider, source of specimen, specimen collection date, and antibiogram (if available).

The ISDH recently enacted a 90-day emergency rule, effective January 1, 2008, to mandate laboratory reporting of positive MRSA results to gain information about the burden of MRSA infections in Indiana. This was prompted by increased awareness and concern of MRSA infections in October 2006 stemming from a *Journal of the American Medical Association* article and reported deaths in three children nationwide due to MRSA infection. The rule can be found at http://www.in.gov/news/NoticesOfIntent_Rules.htm. The ISDH Surveillance and Investigation Division will collect and analyze these data and report findings based on summarized data.

Laboratory reports may be faxed (preferably) to 317.234.2812 or mailed to:

Indiana State Department of Health
 Surveillance and Investigation Division
 2 North Meridian Street, 5-K
 Indianapolis, IN 46204

For questions regarding MRSA reporting, please contact Jean Svendsen at 317.233.7125 or jsvendsen@isdh.in.gov.

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Out with the Old, in with the New: Closeout of 2007 Reportable Disease Data

Wayne Staggs, MS
ISDH Invasive Disease Epidemiologist

The ISDH Surveillance and Investigation Division has begun the closeout process of 2007 reportable communicable disease data. During January and February, staff will be reviewing the 2007 reportable disease database. This includes ensuring that: 1) all cases are entered, 2) the case data entered are as complete as possible, and 3) duplicate entries are eliminated. After completing this process, Division staff will submit a final data set to the Centers for Disease Control and Prevention (CDC) for publication in the annual Summary of Notifiable Diseases. Previous annual summaries are available on the MMWR Web site at <http://www.cdc.gov/mmwr/summary.html>.

To ensure the process is completed in a timely manner, the ISDH is requesting that local health departments (LHD) complete all case investigations that occurred in 2007 as soon as possible. Reports should be faxed to 317.234.2812 as they are completed. A reportable disease case investigation is considered a 2007 case if:

- The onset of illness occurred in 2007, or
- There is a confirmatory laboratory report occurring in 2007, or
- The diagnosis was made in 2007

If a case met any of the above criteria and was reported to the LHD in 2008, **it is still considered a 2007 case for reporting purposes.**

Sometimes, even after numerous attempts, it is not possible to speak with the patient/parent/guardian (considered lost to follow-up) or the local investigator cannot obtain all the information needed to finalize the investigation report. On these rare occasions, please complete the investigation form with the information that is available and fax it to 317.234.2812.

The staff of the Surveillance Investigation Division wishes to express appreciation to all local health department staff who provide timely and thorough investigation of communicable disease cases. These cooperative and collaborative efforts truly contribute to the health of the citizens of Indiana. For questions about this process, please contact Wayne Staggs or the epidemiologist responsible for the specific disease in question (please refer to the following listing). If you have general questions about disease reporting, please call 317.233.7125.

**Surveillance and Investigation Division
Communicable Disease Responsibilities
2 North Meridian Street, 5-K
Indianapolis, Indiana 46204
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<p>James Howell, DVM – Veterinary Epidemiologist 317.233.7272 jhowell@isdh.in.gov Animal Bites Anthrax Babesiosis Brucellosis Chagas' Disease* Dengue Fever Encephalitis (arthropod-borne and primary) Ehrlichiosis Hantavirus Pulmonary Syndrome Leptospirosis Lyme Disease Malaria Plague Psittacosis Q-Fever Rabies (animal and human) Rocky Mountain Spotted Fever Trichinosis Tularemia Typhus Toxoplasmosis* Yellow Fever</p> <p>Jean Svendsen, RN – Chief Nurse Consultant 317.233.7825 jsvendsen@isdh.in.gov Artificial Insemination Law* Emergency Responder Law Hepatitis B/Hepatitis B Pregnant Women/Perinatally Exposed Infant (surveillance: disease reports; case management of pregnant women and perinatally exposed infants handled by the ISDH Immunization Program) Hepatitis D Hepatitis, Viral, Unspecified Infection Control* Infectious Waste Law* Methicillin-Resistant <i>Staphylococcus aureus</i> (MRSA) (laboratory reporting only) Tattoo and Body Piercing Law* Universal Precautions Law* Vancomycin-Resistant <i>Enterococcus</i> (VRE)* Vancomycin-Resistant <i>Staphylococcus aureus</i> ($\geq 8\mu\text{g/ml}$)</p> <p>Wayne Staggs, MS – Epidemiologist 317.234.2804 wstaggs@isdh.in.gov Employee Health Policy Advisor* Fifth's Disease (Parvovirus B-19)* Hansen's Disease (Leprosy) Meningitis, Aseptic Meningococcal Invasive Disease Pediculosis (Lice)* Scabies* Scarlet Fever* School Health Liaison* <i>Staphylococcus aureus</i> (except MRSA and vancomycin-resistant)* <i>Streptococcus</i> Group A Invasive Disease <i>Streptococcus</i> Group B Invasive Disease <i>Streptococcus pneumoniae</i> Antibiotic Resistance Toxic Shock Syndrome</p>	<p>Karee Buffin, MS – Vaccine Preventable Disease Epidemiologist 317.233.7112 kbuffin@isdh.in.gov Diphtheria Invasive <i>Haemophilus influenzae</i> Invasive Pneumococcal Disease Measles Mumps Pertussis (whooping cough) Polio Rubella Rubella, Congenital Syndrome Smallpox Tetanus Varicella/Shingles (hospitalization or death and sentinel reporting)</p> <p>Lynae Granzow, MPH – Enteric Epidemiologist 317.234.2808 lgranzow@isdh.in.gov Amebiasis* Botulism Campylobacteriosis Cholera Cryptosporidiosis Cyclosporiasis <i>E. coli</i> infections Foodborne outbreaks Giardiasis* Hemolytic Uremic Syndrome Hepatitis A Hepatitis E Listeriosis Salmonellosis Shigellosis Typhoid Fever Vibriosis* Viral Gastroenteritis* Waterborne Outbreaks Yersiniosis</p> <p>Shawn Richards, BS – Respiratory Epidemiologist 317.233.7740 srichard@isdh.in.gov Community Acquired Pneumonia* Cryptococcal infections Histoplasmosis Influenza Pandemic Planning* Influenza Surveillance Coordinator* Legionellosis Respiratory Syncytial Virus (RSV)*</p> <p>Michael Wilkinson, BS – Hepatitis C Epidemiologist 317.234.2827 mwilkins@isdh.in.gov Hepatitis C International Travel*</p> <p>Reportable disease surveillance addressed by other program areas:</p> <p>HIV/AIDS: HIV/STD Program, Terry Jackson, 317.233.5580 Sexually Transmitted Diseases: HIV/STD Program, Dawne Rykas, 317.234.2871 Tuberculosis: Tina Feaster, 317.233.7548 Pediatric venous lead $\geq 10\mu\text{g/dl}$ in children ≤ 6 years of age: Childhood Lead Poisoning Prevention, David McCormick, 317.233.1293</p> <p>*Disease/Condition not reportable</p> <p>02-08-2008</p>
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Thank you, Hammond Health Department!

Donna Allen, MS

ISDH Field Epidemiologist, District 1

On January 7, 2008, the Hammond Health Department closed its doors after 118 years of service to public health in Indiana. The services the Department provided have been transferred to the Lake County Health Department. As a way of saying thank you for the many years of dedicated service, a brief synopsis of the Department's public health history has been written. This article provides an excerpt from the Department's early history (1850-1930). The boxed information adds some interesting facts about the city, which may have had an impact on the public health ordinances and actions that followed. The pictures used came from the Department's annual reports.



New Horizons today! The clean man, in the clean home, in the clean neighborhood **1850-1900**

In **1850**, the population was estimated at 97. A stagecoach stop opened and that site later became one of the nation's largest railroad freight yards. The city of Hammond became incorporated in **1884**. By **1890**, the population had grown to 5,248. Fifty daily passenger trains via eight railroads made stops in the city.

In **1869**, a group of businessmen opened the State Line Slaughter House, located on 42 acres along the Grand Calumet River. Rumors state this slaughterhouse might have been one of the reasons public health actions were necessary. By **1885**, the slaughterhouse had grown to process a reported 3,000 head of cattle and the company had over 800 refrigerated freight cars. The Hammond Dairy, which was later purchased by Borden, opened in 1898.

In **1885**, Alvah Curtis Roebuck opened a watch repair and jewelry shop. He later left the city answering an ad by Richard Sears, who needed a watch repairman. They formed Sears, Roebuck and Company.

On **June 10, 1889**, Ordinance Two of the Common Council of the City of Hammond established a Board of Health. The ordinance required the establishment of a three-member board including at least one practicing physician. “The duty of said board and members thereof is to take most prompt and efficient measures to prevent the introduction and spread of contagious, malignant, dangerous or infectious disease in said city...The board of health shall take such measures as they may from time to time deem necessary, to prevent the spread of smallpox...requiring all persons within the city or any part thereof to be vaccinated within such time as they shall prescribe. All persons refusing or neglecting to obey such requirement shall upon conviction be fined and forfeit to said city any sum not less than \$2 and no more than \$10.”

A large number of ordinances dealt with the control of smallpox and other infectious diseases of the time. One ordinance addressed the issue of quarantine and stated that, during a smallpox outbreak, the Marshal was required to close the building and put up notices to warn all persons approaching the house. Those violating this ordinance were fined a sum not exceeding \$100. Another ordinance detailed how the quarantine flag or card looked. For smallpox, it had to be red; for scarlet fever, measles, and diphtheria, it was yellow; and for cholera, a black flag or card was used. Each flag or card had the disease written on it in white letters.

Ordinance 593 stated it was the duty of the Board of Health to examine “...all slaughter houses, soap factories, hide and rag houses and all other buildings...that may become offensive to the public.”

Ordinance 598 required the establishment of two books, one called *Record of Deaths* and the other *Record of Births*. All physicians, accoucheurs, and midwives were ordered to report all births within five days.

In **1897**, an ordinance made it unlawful to bathe in the Grand Calumet River or other public beaches without a swimsuit. Early ordinances passed in **1898** addressed other public health and safety issues. Some of these included:

- 1) It was unlawful to allow any cow, calf, steer, horse, colt, hog, sheep, goose, duck, or chicken to run at large within corporate limits.
- 2) It was unlawful to sell food after exposed to dust or unsanitary conditions which render food unwholesome or dangerous.
- 3) It was unlawful to expectorate or spit any substance, saliva, mucus, or tobacco juice upon any sidewalk, crosswalk, or floor of any public conveyances of travel.
- 4) It was unlawful for persons afflicted with any contagious or venereal disease to work in or about a fruit store, grocery store, ice cream factory, ice cream parlor, hotel restaurant, eating house, milk wagon, milk dept., saloon, tobacco store, or peddler wagon. Penalty will be no less than \$5.
- 5) Every peddler in a wagon, push cart, or those carrying baskets had to keep such articles of food properly covered. Fine was not less than \$5.
- 6) It was unlawful for any teacher or superintendent to admit any person in a public or private school who was infected with any contagious disease or who may have recently been afflicted with smallpox, scarlet fever, whooping cough, diphtheria, membranous croup, measles, cholera, or other diseases.

PROTECTION FROM INFECTION



1900-1930

In **1908**, the South Shore Railroad service began and the population of Hammond grew to 20,925 by **1910**. Besides the flu pandemic in **1918**, the Hagenbeck-Wallace circus train crashed, killing 86 passengers. This was one of the worst circus train accidents in U.S. history.

On a more positive note, in **1924**, a group of businessmen formed the “Hammond Professionals,” a National Football League franchise that later moved and was renamed “Chicago Bears”. By **1928**, there were an estimated 115 different industries located in Hammond.

Several new ordinances were passed in **1909**. They included:

- 1) No person shall sell or deliver in the city any ice for domestic use which shall have been taken or gathered from the Little Calumet or the Grand Calumet Rivers...or from any body of water within said city which is stagnant.
- 2) It is unlawful to sell any fruit or vegetables that may be decayed or partially rotten.
- 3) Manure, offal, garbage, or any accumulation of any offensive or nauseous substance anywhere within city without written permit is unlawful.

1918 Spanish Influenza

Information from the local newspaper, *The Lake County Times*, detailed some of the events associated with the **1918** flu pandemic. They are listed chronologically.

Sept 30: “Spanish influenza claimed its first Hammond victim today. He had taken sick with the dread disease en route on a train from Phoenix where he had been bidding his relatives goodbye. He was in good shape and had passed his physical for service abroad.”

Oct 2: A serum was discovered by Dr. William H. Parke which showed promise to help prevent Spanish influenza. Vaccine was promised in limited supply within a few days.

Oct 5: 100,000 cases of influenza are reported in army camps. The military has already issued to the Red Cross emergency supplies of cots, blankets, medicines, and influenza masks.

Oct 7: “Flu blighted romance of a Hammond couple. A Hammond man filed for divorce because he was ill for three weeks with the Spanish flu and she refused to get his meals for him, and in addition threw a dish at him and told him if he didn’t leave her she would hurl his clothes out on the porch.”

On the same day, Dr. J. N. Hurty, the State Health Commissioner, sent a telegram requiring the closing of all schools, churches, and places of public amusement. He forbade all public meetings until further notice. Physicians were required to report all cases to the local health officer. However, despite this telegram and public health concerns, a large parade and breakfast were held—just what public health did not want to happen. A Chicago newspaper had falsely stated that Germany had surrendered. So, between 4 and 9 a.m., whistles blew, bells rang continuously, and a parade was organized. Celebration ended when a bulletin on the local newspaper office stated there was no truth to the report.

Oct 8: “It is estimated about 500 people have the flu in Hammond and West Hammond but many have not called a doctor. Two more deaths were reported today. Schools, billiard parlors, theatres, lodges, were closed yesterday for an indefinite period to stop the spread and the town was never as quiet as last night.”

Oct 12: 2000 flu cases are reported in Lake Co. (**five days following the parade**). Each person was encouraged to bathe in warm water to keep the pores open, spray the throat and nose, and see to their personal hygiene. The public was warned not to visit the sick. Stores and streetcars were to be kept well ventilated. A shortage of doctors was also noted.

Oct 14: Hammond had 1,281 cases and 101 deaths. The Board of Health reminded us that, in connection with these figures, it must be remembered that a good many cases have occurred and passed through to their final stages without the assistance of a physician and consequently are not on record. Practically every physician in the county was working 18- to 24-hour shifts.

Oct 21: Police were asked to assist in enforcing a new funeral order. Attendance at church funerals was limited to immediate family of the deceased.

Oct 22: “Mayor Brown called upon the people of Hammond today to aid in the fight of the epidemic of Spanish influenza. The mayor wants the people to aid in administering to the unfortunate. Nurses are needed and needed very badly. There are many families destitute, with the wage earners ill and unable to work. They are in need of food, clothes and fuel.”

Dr. Hurty from the State Board of Health put in a request for volunteer physicians throughout the state of Indiana, offering them the Red Cross pay of \$200 per month, traveling expenses, and \$4 a day for subsistence. Hammond quickly responded they needed every physician they had available for local patients. The local physicians met and adopted a schedule to assure they could be as efficient as possible in treating patients.

The Hammond Health Department survived the 1918 influenza pandemic and adopted new ordinances in the **1930s**. The history of the Hammond Health Department is probably very similar to many of our local health departments in Indiana. The early history demonstrates the concerns of public health at that time and the many challenges, e.g., smallpox, diphtheria, and cholera, which were overcome. A review of the 1918 influenza pandemic helps us as we prepare for the next pandemic.

Thank you to the Department's employees (listed below) for their combined 149 years of service and for always making whomever walked through the door at 649 Conkey Street feel welcome. Thank you for sharing your history and experiences with us.

Current Employee	Division	Years of Service
Rodrigo Panares, M.D.	Health Officer/Administrator	4
Sue Pyrzynski	Secretarial Supervisor	21
Louella Finch	Secretarial	18
Maria Hernandez	Secretarial	4
Rita J. Landers	Vital Records	35
Joanna C. Holland	Vital Records	21
Muriel F. Lennstrum	Vital Records	7
Karen Siegfried, R.N.	Nursing Supervisor	8
Celeste Rapchak, R.N.	Nursing	2
Sandra Rincon, R.N.	Nursing	½
Gloria Esquivel, R.N.	Nursing	1½
Camille Medina, B.S.	Environmental Health, Chief	9
Sarah B. Anderson, B.S.	Environmental Health	6½
John Weidner, B.A.	Environmental Health	14
Margaretrose Hlinsky, B.S.	Health Coordinator	¾
Marilyn Kozak, R.N.	Part-time Tuberculosis Nurse	7

References:

1. <http://www.hammondIndiana.com/history2.htm>
2. Hammond City Directories, published by Polk
3. Hammond Health Department Annual Reports
4. 1889 and 1909 Hammond City Ordinances
5. Lake County Times, October 1918
6. Hammond Health Dept. personnel

E³ Easy Epidemiology for Everyone

E³ is a new feature of the Indiana Epidemiology Newsletter dedicated to exploring the fundamentals of epidemiology. Each month, a different epidemiology concept will be explored to enhance understanding of basic epidemiology.

Descriptive Epidemiology

Epidemiologic method and surveillance were described in recent issues of the *Indiana Epidemiology Newsletter*. The epidemiologic method is the process of analyzing data patterns and interpreting those patterns. Surveillance is the process of collecting data and disseminating findings based on the data. Descriptive epidemiology is the first step in interpreting data patterns.

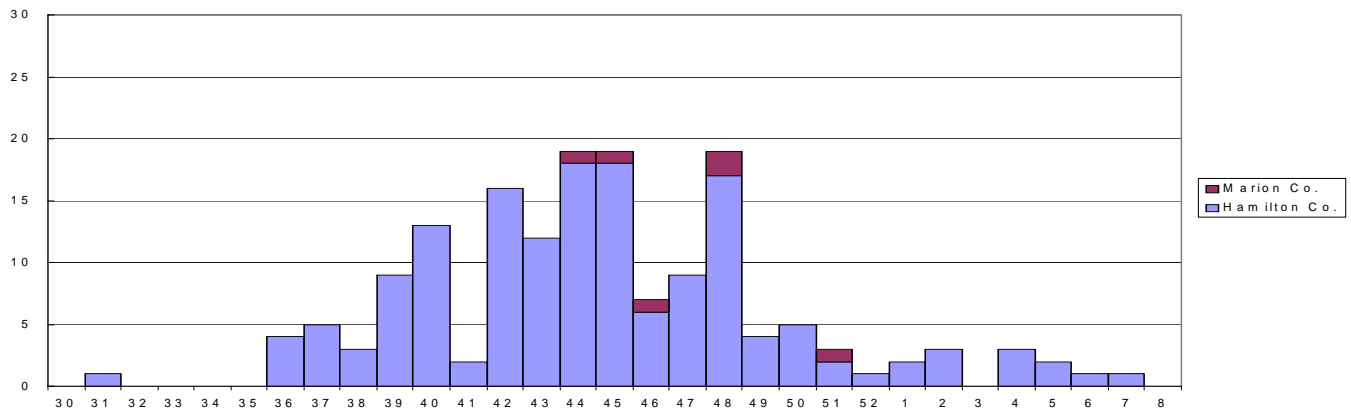
Descriptive epidemiology is the method of orienting the data collected and making the data useful. Answering the questions of who, what, where, when, and why are all aspects of descriptive epidemiology. Answering these questions standardizes the data to make sense and allows for patterns to emerge. Epidemiologists often organize data collected from surveillance according to person, place, and time to begin answering those questions.

One of the simplest methods of organizing the data is a **line list**. A line list may look like this:

Person	Exposure	Date eaten	Date ill	Symptoms
Pammy	ABC Restaurant	01/02/08	01/03/08	NVD
Tommy	ABC Restaurant	01/04/08	01/05/08	NVD
Mikey	ABC Restaurant	01/02/08	01/03/08	NVD
Jean	ABC Restaurant	01/06/08	01/06/08	NVD

This line list indicates that people who ate at the ABC Restaurant between January 3 and January 6 developed nausea, vomiting, and diarrhea, typically within 24 hours of eating food at the restaurant. The line list facilitates interpreting preliminary information regarding time, place, person, and predominant symptoms.

Another method of organizing data is the epidemic curve.



The epidemic curve is a simple way to describe an outbreak of disease. The x-axis (bottom) shows a measure of time, e.g., hours, days, or months. The y-axis (vertical) shows the count of cases for that measure of time.

Descriptive epidemiology really serves several purposes. First, it provides a systematic method for categorizing information about a public health event. Second, it helps identify the population at risk from the event being investigated. Third, it can provide quick information for investigators, decision-makers, media, and the public about the investigation and some possible causes of illness. Fourth, it gives the investigator the ability to quickly test hypotheses about the cause of the problem and can provide validation of the factors that lead to illness.

Descriptive epidemiology is the foundation on which the rest of the data analysis will take place. Until data are organized, more complex analysis is very difficult. More importantly, it provides a quick and simple picture for investigators and other partners in the investigation, especially those who have limited epidemiologic knowledge.

Next Month: Methods of Investigation.

Reference: Fontaine, R. Goodman, R. (2002) Describing the Findings. Field Epidemiology, Ed. Gregg, M. Oxford University Press, New York.



Descriptive Epi

Descriptive Epi is a new feature in the Indiana Epidemiology Newsletter to highlight epidemiologists and those practicing epidemiology in Indiana. If you are aware of anyone deserving recognition, please contact the Epi newsletter staff at epinewsletter@isdh.IN.gov.

Name: Pamela (Pam) R. Pontones

Position: Director, Surveillance and Investigation

Education: B.A. Biology, Indiana University Bloomington (IUB), 1988; M.A. Microbiology, IUB

How did you get started in public health?

I originally was pre-med, intending to pursue a medical career as an OB/GYN. My stomach did not agree, but I did not want to abandon medicine, so after some career counseling discovered medical microbiology. I liked both the medical and detective aspects to that field. As I was graduating with my master's degree, I attended a job fair at IUB and received some information on the ISDH Laboratories. I interviewed at several research laboratories but liked the medical aspects more than research, so I interviewed at the ISDH. I started as a Microbiologist IV at the ISDH Virology Laboratory on July 30, 1990. I have loved public health ever since.



What is the most rewarding part of your job?

Our work team. The people on our team make work fun and get results, period. They continually raise the bar and set examples of what can be achieved. Another very rewarding aspect of my job is the ability to have a positive impact on many people, whether through outbreak investigation, disease prevention education, leadership training, or collaboration with other partners, within and outside of the ISDH.

What is a typical day like for you?

Typical? There is no typical, really. I usually have a packed schedule with meetings and projects to complete, but that can change at a moment's notice, from an unexpected phone call to someone walking into my office. If you are easily bored, like me, this job is perfect—you never really know what is going to happen until it happens. We plan and anticipate, react and respond.

What is your ideal vacation?

Sitting on a sunny, warm beach, watching my boys play in turquoise waves and reading a good book. Another would be to visit England with my family and visit the places my husband and I traveled during our first anniversary.

Favorite hobby?

Flower gardening. It's lots of work but relaxing, and the outcome is beautiful.

Public Health & Medicine Summit 2008

“Evidence-Based Education to Prepare Indiana Public Health and Health Care Professionals to Make Hoosiers Healthy”

A combination of the Public Health and Medicine Day and the Public Health Nurse Conference, the Public Health and Medicine Summit (PHAMS) will provide a collaborative forum for information exchange among health care providers and public health professionals.

● **Save the Date** ●



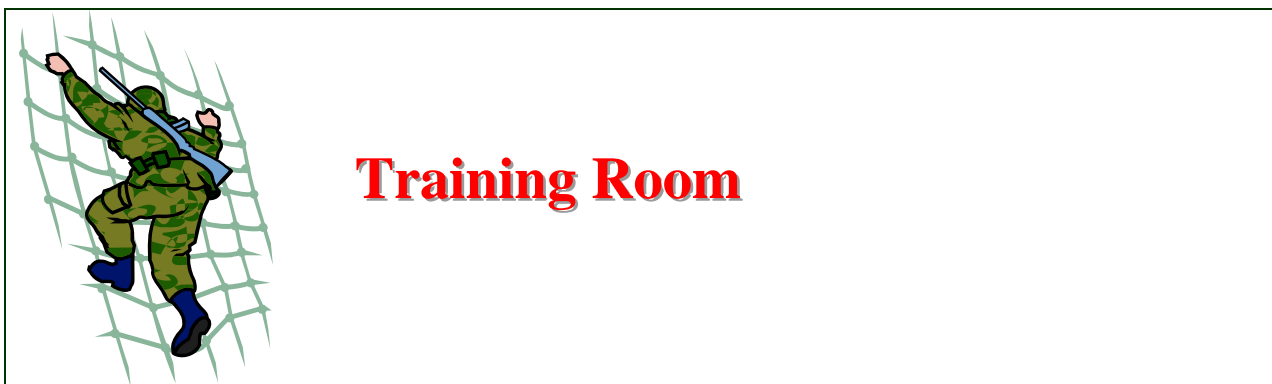
Public Health & Medicine
Summit
Building Bridges

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Adam's Mark Hotel
Indianapolis International Airport



Indiana State
Department of Health

www.statehealth.in.gov
Check the Web site for additional details.



INDIANA STATE DEPARTMENT OF HEALTH IMMUNIZATION PROGRAM PRESENTS:

Immunizations from A to Z

Immunization Health Educators offer this FREE, one-day educational course that includes:

- Principles of Vaccination
- Childhood and Adolescent Vaccine-Preventable Diseases
- Adult Immunizations
 - Pandemic Influenza
- General Recommendations on Immunization
 - Timing and Spacing
 - Indiana Immunization Requirements
 - Administration Recommendations
 - Contraindications and Precautions to Vaccination
- Safe and Effective Vaccine Administration
- Vaccine Storage and Handling
- Vaccine Misconceptions
- Reliable Resources

This course is designed for all immunization providers and staff. Training manual, materials, and certificate of attendance are provided to all attendees. Please see the Training Calendar for presentations throughout Indiana. Registration is required. To attend, schedule/host a course in your area or for more information, please reference

<http://www.IN.gov/isdh/programs/immunization.htm>.

ISDH Data Reports Available

The following data reports and the *Indiana Epidemiology Newsletter* are available on the ISDH Web Page:

http://www.IN.gov/isdh/dataandstats/data_and_statistics.htm

HIV/STD Quarterly Reports (1998-June 2006)	Indiana Mortality Report (1999, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Cancer Incidence Report (1990, 1995, 1996, 1997, 1998)	Indiana Infant Mortality Report (1999, 2002, 1990-2003)
Indiana Cancer Mortality Report (1990-1994, 1992-1996)	Indiana Natality Report (1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005)
Combined Cancer Mortality and Incidence in Indiana Report (1999, 2000, 2001, 2002, 2003, 2004)	Indiana Induced Termination of Pregnancy Report (1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Health Behavior Risk Factors (1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006)	Indiana Marriage Report (1995, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004)
Indiana Health Behavior Risk Factors (BRFSS) Newsletter (9/2003, 10/2003, 6/2004, 9/2004, 4/2005, 7/2005, 12/2005, 1/2006, 8/2006, 10/2006, 5/2007, 12/2007)	Indiana Infectious Disease Report (1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005)
Indiana Hospital Consumer Guide (1996)	Indiana Maternal & Child Health Outcomes & Performance Measures (1990-1999, 1991-2000, 1992-2001, 1993-2002, 1994-2003, 1995-2004)
Public Hospital Discharge Data (1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006)	Assessment of Statewide Health Needs – 2007

HIV Disease Summary

Information as of December 31, 2007 (based on 2000 population of 6,080,485)

HIV - without AIDS to date:

412	New HIV cases from January 2007 thru December 31, 2007	12-month incidence	7.16 cases/100,000
3,871	Total HIV-positive, alive and without AIDS on December 31, 2007	Point prevalence	67.30 cases/100,000

AIDS cases to date:

333	New AIDS cases from January 2007 thru December 31, 2007	12-month incidence	5.79 cases/100,000
4,132	Total AIDS cases, alive on December 31, 2007	Point prevalence	71.84 cases/100,000
8,458	Total AIDS cases, cumulative (alive and dead) on December 31, 2007		

REPORTED CASES of selected notifiable diseases

Disease	Cases Reported in December MMWR Weeks 48-52		Cumulative Cases Reported January – December MMWR Weeks 1-52	
	2006	2007*	2006	2007*
Campylobacteriosis	56	60	578	493
Chlamydia	2,057	1,448	19,944	20,235
Cryptosporidiosis	22	49	149	137
Cyclosporiasis	0	0	1	2
<i>E. coli</i> O157:H7	13	7	95	103
<i>Haemophilus influenzae</i>	9	9	81	63
Hepatitis A	9	0	33	27
Hepatitis B	28	5	80	58
Gonorrhea	857	586	8,790	8,629
Legionellosis	8	9	54	61
Listeriosis	3	3	21	20
Lyme Disease	5	8	26	53
Measles	0	0	1	0
Meningococcal, invasive	1	4	24	30
Mumps	0	0	10	1
Pertussis	67	6	280	59
Rocky Mountain Spotted Fever	0	1	6	5
Salmonellosis	107	54	896	695
Shigellosis	22	154	176	299
<i>Streptococcus pneumoniae</i> (invasive, all ages)	181	196	695	681
<i>Streptococcus pneumoniae</i> (invasive, drug resistant)	52	44	198	192
<i>Streptococcus pneumoniae</i> (invasive, <5 years of age)	15	27	73	68
Syphilis (Primary and Secondary)	6	1	93	53

REPORTED CASES of selected notifiable diseases (cont.)

Disease	Cases Reported in December MMWR Weeks 48-52		Cumulative Cases Reported January – December MMWR Weeks 1-52	
	2006	2007	2006	2007
Tuberculosis	15	17	124	129
Yersiniosis	3	1	12	14
Animal Rabies	0	1 (bat)	11 (bats)	13 (bats)

***Note: Case totals for 2007 are preliminary and will change, as cases with onset in 2007 are still being investigated and reported to the ISDH.**

For information on reporting of communicable diseases in Indiana, call the *Surveillance and Investigation Division* at 317.233.7125.



The *Indiana Epidemiology Newsletter* is published monthly by the Indiana State Department of Health to provide epidemiologic information to Indiana health care professionals, public health officials, and communities.

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